Quality Manual

State Institute of Health & Family Welfare Jaipur

(ISO 9001:2008 certified)

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Quality Manual

ISO 9001:2008

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FOREWORD

This manual describes the Quality Management System established and implemented by State Institute of Health & Family Welfare Jaipur based on the requirements of ISO 9001:2008.

The various sections of this manual define the way in which the Institute meets the requirements of each clause of the standard.

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Director

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Management Representative

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Scope

The scope of Quality Management System is:

To develop human resources for health (HRH) through capability building, training and organisation development (OD) through operation research.

Exclusion

1. **Design & Development**: Design Activity is not involved as Courses are predefined; hence clause no. 7.3 is excluded.
2. **Preservation of services:** Services provided can not be preserved hence this clause 7.5.5 is excluded. But for the material developed for trainings.
3. **Control of monitoring and measuring Equipments** (Clause 7.6): This clause is not applicable as the Instruments/ devices used in Institute are only for experiment and demonstration to the trainees for understanding the subject/ Topic hence this clause 7.6 is excluded.

Distribution

1. Copy no.1 : Original (with Management Representative)
2. Copy no.2 : Director
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Abbreviations

SIHFW	:	State Institute of Health & Family Welfare, Jaipur
QM	:	Quality Management
QS	:	Quality System
MR	:	Management Representative
MRM	:	Management Reviewing Meeting
NCR	:	Non-Conforming Report
NC SERVICE	:	Non-Conforming Service
R	:	Records
F	:	Formats
WI	:	Work Instructions
DOC	:	Document
QP	:	Quality Procedure

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Quality Policy

We are committed to

continually improve

the health care through HRD, health research, consultancy, and networking

by

providing quality training for capacity building

and

strive to achieve

Total customer satisfaction

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State Institute of Health & Family Welfare Jaipur	Quality Manual	Doc No. SIHFW/QM/01	
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Quality Objectives

(Financial year 2009-2010)

1. Develop new training programs and modules based on Training need assessment and requirement of State, min. by 5 Nos.

2. Increase linkages with Development partners & institutions through networking with 5 more.

3. Consultancy to increase by 20%.

4. To achieve customer satisfaction 80%.

5. Reduce complaints to zero.

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4.1 Quality Management System – General

The Institute has developed and implemented a documented Quality Management System to meet the requirements of ISO 9001:2008 standards. The Quality Management System is implemented by-

a) Determining the processes of the Institute. (refer Process flow Diagram- Annex. A,).
b) Determining the sequence and interaction of these processes (refer Annex A & D)
c) Determining the criteria and methods required to ensure the effective operation and control of these processes; (ref; Quality Plans)
d) Ensuring the availability of resources and information necessary to support the operation and monitoring of these processes; (through; Work Instructions, office automation & Records)
e) Monitor, Measure (where applicable) and analyse these processes (ref; Quality Records).
f) Implementing actions necessary to achieve planned results and continual improvement of these processes.

The system also has a framework for controlling process/s which is out-sourced. At present printing, boarding facility and security are out sourced through contracts.

Note: - Processes needed for the QMS referred to above include processes for the management activities, provision of resources, product realization, measurement and improvement.

4.2.1 Documentation Requirements- General

QMS documentation comprises the following: -

a. The documented statement of the organization's Quality Policy & Quality Objectives
b. The Quality Manual
c. Documented procedures and records as required by ISO 9001-2008
d. Documents, including records determined by the Organization be necessary to ensure the effective planning , operation and control of its processes, such as Quality Plans, Work Instructions, etc,

Note:- A single document may address the requirements for one or more procedures. A requirement for a documented procedure may be covered by more than one document.

4.2.2 **Quality Manual**

The Quality Manual, (this Manual) which is established and maintained, details the scope of the QMS, exclusions with details of justifications, Quality Policy & Objectives and reference to documented procedures. It also describes the interaction between the processes of QMS & Input –output of processes. Quality manual issue is changed as & when revisions in one chapter are carried out over 10 times or ISO 9001-2008 standard is revised.

4.2.3 **Control of Documents**

All Documents of the Quality Management System are controlled. A documented procedure is established to define the controls needed and covers the following;

a. To approve documents for adequacy prior to issue.
b. To review, update as necessary and re-approve documents.
c. To identify the current revision status of documents.
d. To ensure that relevant version of documents are available at the points of use.
e. To ensure legibility, identifiability & retrievability of the documents.
f. To ensure documents of external origin, determined by the organisation to be necessary for the planning and operation of QMS are identified and their distribution controlled.
g. To prevent unintended use of obsolete documents and suitably Identify them, if they are retained for any purpose.
h. Updating of standard is done through BIS handbook/ Bulletins /Publishers confirmation and Membership etc.

4.2.4 **Control of Quality Records**

Records are controlled and established to provide evidence of conformity to requirements and of effective operation of QMS.

A documented procedure is established, for the Identification, storage, retrieval, protection, retention-period and disposition of all Records.

Records are legible, readily identifiable and retrievable.

<u>Supporting documents:</u>

QPR 4.1 – Procedure for control of Documents
QPR 4.2 – Procedure for control of Records

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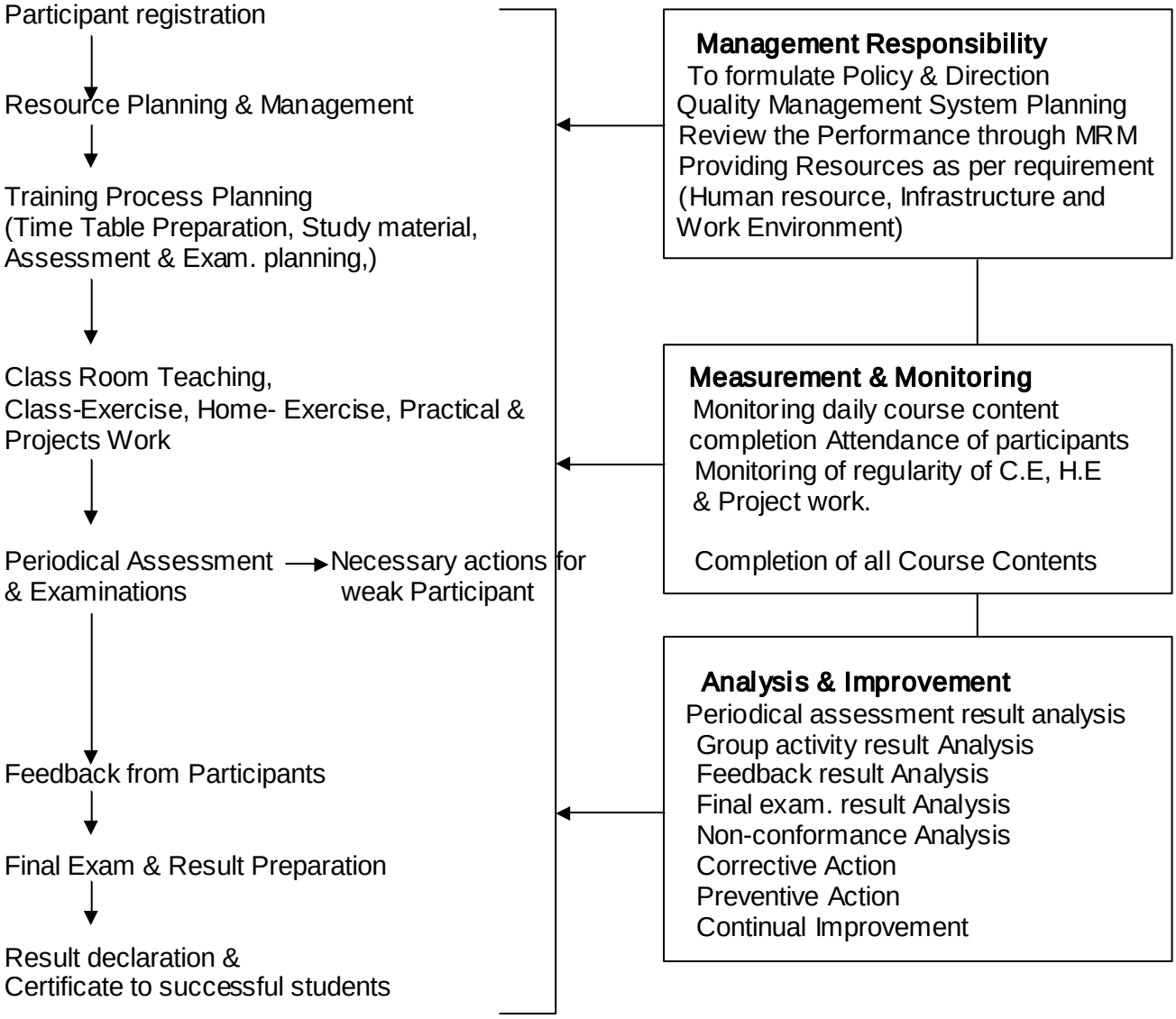

Support Services

Library, Cafeteria, House keeping, Medical Check-up,

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DIRECTOR

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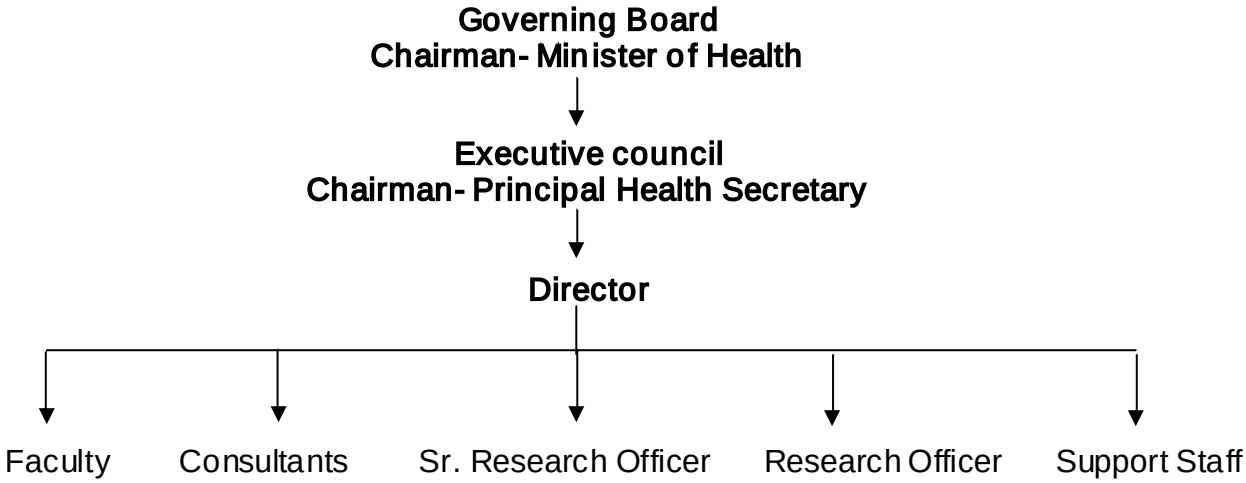
MANAGEMENT REPRESENTATIVE

State Institute of Health & Family Welfare Jaipur	Quality Manual **Organisation Structure**	Doc No. SIHFW/QM/01 Issue No. : 01 Page No. 12 Rev. No. : 0 Eff. Date : 01-06-2009 Annex: B | Page 1 of 1



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Responsibility Matrix (Interaction of processes of QMS)

ISO Sec. No	Director	MR	Registrar	Associate Professor	SBA Coordinator	JYS Coordinator
3 **Quality Policy & Objectives**	P	S	S	S	S	S
4 QMS Documents						
Control of Documents	S	P	S	S	S	S
Control of Record	S	P	S	S	S	S
5 Management Responsibility.						
Customer Focus	P	S	S	S	S	S
Planning.	S	S	P	S	S	S
Internal – Communication.	S	P	S	S	S	S
Management Review	P	S	S	S	S	S
6 Resource Mgmt						
Human Resources	P	S	S	S	S	S
Infrastructure	P	S	S	S	S	S
Work Environment	S	S	P	S	S	S
7 **Service Realization**						
Customer Related Processes	S	S	P	S	S	S
Purchasing	P	S	S	S	-	-
Service provision	S	S	P	S	S	S
Monitoring & Measuring devices	S	S	P	S	S	S
8. Measurement, Analysis & Improvements						
CUSTOMER SATISFACTION	P	S	S	S	S	S
Internal Audit	S	P	S	S	S	S
Processes/Service	S	S	P	S	S	S
NC Services	S	S	P	S	S	S
Improvements	P	S	S	S	S	S

P = Primary Responsibility S= Secondary Responsibility

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Director

- Formulate Quality Policy and Quality Objective.
- Planning and providing resources including Finance, Infrastructure and latest machinery and technology to facilitate Training, research, workshop and seminars in the Institution.
- Determining compliance with statutory and regulatory requirements and liaison with concern departments.
- Defining Responsibilities and authorities of personnel.
- Review and co-ordinate activities of Registrar, Associate Professors and co-ordinators for execution of resolutions and recommendations sought through meetings.
- Chairing Management Review meeting and planning committee meeting.
- Human Resource selection and development.
- Approve Purchase Orders.
- Review customer related process for corrective actions taken and its effectiveness.
- Reviewing Project work.

Registrar

- To provide administrative support to Director
- To handle day to day administration of the Institute
- To Scheduling and coordinating consultancies, research and training assignments.
- Planning and taking necessary corrective and preventive actions for all type of NCs
- Organizing and conducting faculty meeting.
- Internal Communication -Issuing written notices to staff from time to time with regard to policies, meetings and other programme.

Associate professor

- To provide consultancy in Health, social development and communication.
- Responsible to coordinate various training program under different schemes.
- Responsible to actively contribute in research activities.

SBA coordinator

- Responsible to actively contribute in coordinating SBA trainings.
- Assist in other regular activities in this institute.

Senior Research Officer (Pop. Sciences)

- Responsible to actively contribute in Research Studies/development of training material and modules.
- Assist in other regular activities in this institute.

Sr. Research officer (PH)

- Developing training modules under RCH II and NRHM and client specifications.
- Coordinating with NRHM for trainings in Rajasthan and different States. Reviewing and analyzing training reports.
- Undertaking visits to Districts to monitor and review implementation of Comprehensive Training Plan, Trainings (especially skilled training), program performance and submitting a technical report to director-SIHFW with suggestion action points for performance improvements.
- Conducting various training workshops, seminar at SIHFW.

Sr. Research officer (Management)

- Develop policies procedures for placement, relocation, job enlargement, job enrichment and career development.
- Develop job specific manuals.
- Keep track of all circulars and notification issued by the Health department.
- Take up studies on mismatched logistics, Human resources and nature of services offered at Public health Institutions.

Research Officer (Nutrition)

- Design / preparation of research plan, questionnaire / interview schedules / reports.
- Coordinate field interventions for data collection.
- Coordinate for generation of draft and subsequent reports.

Research officer (IT)

- Design / preparation of research plan, questionnaire / interview schedules / reports.
- Coordinate field interventions for data collection.
- Coordinate for generation of draft and subsequent reports.

Research officer (Management)

- Design / preparation of research plan, questionnaire / interview schedules / reports.
- Coordinate field interventions for data collection.
- Coordinate for generation of draft and subsequent reports.

Research Officer (Statistics)

- Design / preparation of research plan, questionnaire / interview schedules / reports.
- Coordinate field interventions for data collection.
- Coordinate for generation of draft and subsequent reports.

Manager – Cafeteria

- Cafeteria is on contractual basis.
- Written contract-
- Contractor to
    - Provide genuine wholesome food.
    - Maintaining hygienic environment.
    - Prohibiting supply of eatables which may prove injurious & fatal viz. Chewing- gum, pan masala, gutkas, suparies, and cigarettes etc.
    - Provision for fast foods (burgers, patties, sandwiches, tea, coffee, cold drinks, ice-cream, chocolates and sweets.
    - Proper disposal of used cans/containers/paper plats.
- Catering for parties- prior permission sought from management.
- Cooperate in Quality checks by Management
- Maintain food handlers hygiene and vaccination.

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Management Representative

- To establish, implement and maintain the processes of Quality Management System.
- To report to top management on the performance of the Quality Management System and also on any need for Improvement.
- To promote awareness of Customer requirements, throughout the Organization and
- To liaison with external agencies on matters relating to Quality Management System.
- Plan, schedule and organize internal quality audit. Monitor corrective actions and review NCR's.
- Organize the Management Review Committee meetings.
- ISO 9001-2008 related activities.

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5.0 **Management Responsibility**:

5.1. Management Commitment:

Top management's commitment to the development, implementation and improvement of the Quality Management System and continual improving its effectiveness is evidenced by:

a) It's Communication to all concerned personnel, the importance of meeting customer requirements..
b) Statement / establishing of the Quality Policy
c) Determining establishment of Quality Objectives
d) Conducting management review meetings.
e) Determining the availability of necessary resources, physical and human, for all activities.

Management is responsible, individually and/or collectively to provide

- Direction in which Institute shall move.
- Resources to enable employees to move in the chosen direction.

5.2 Customer Focus:

Top management of the Institute ensures that customer requirements are determined and are fulfilled / met with the aim of enhancing their satisfaction.

5.3 Quality Policy

The Quality Policy Statement defines the Organization's quality policy, which is appropriate to the purpose and having commitment to comply with the requirements and continually improve the effectiveness of QMS. This policy provides framework for establishing and reviewing quality objectives.

Employees are fully briefed about this policy on joining the Organization and during planned training.

All employees are responsible to implement the Quality Policy of the Organization.

The Quality Policy is displayed at prominent places for communication and understanding within the Organization and is controlled through insertion in Quality Manual.

The Quality Policy is reviewed for its continued suitability in every management Review.

Top management while defining the Quality Policy have taken care for the following issues.

a) It is appropriate to the purpose of the organisation.
b) It reflects commitment to meet requirements and continually improves the effectiveness of QMS.
c) Provides a framework for establishing and reviewing Quality objectives.
d) It have been communicated and understood by all concerned in the organisation.
e) It reviewed for continuing suitability.

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5.4 Planning

5.4.1 Quality Objectives

Management ensures**,** establishing Quality Objectives, (including those needed to meet product requirements) at relevant functions and levels within the Organization.

These objectives are measurable, and consistent with the quality policy, commitment to continual improvement and for meeting the requirements for the services.

These objectives are reviewed in every management Review.

5.4.2 Quality Management System Planning

The Documented Quality Management System is the result of QMS planning. QMS planning has been done in accordance with the requirement of this standard and each clause has been taken into consideration.

The Management further ensures that the integrity of the QMS is maintained wherever any changes to the QMS are planned & implemented.

5.5 Responsibility, Authority & Communication

5.5.1 Responsibility and Authority:

The responsibilities and authorities within Institute has been

a) Defined by top management for key personnel.(Annexure-C)
b) Communicated with in the institute at appropriate level. (Annexure-B)

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5.5.2 **Management Representative:**.

Top Management appoint a member of management as Management Representative, who irrespective of existing responsibilities, is responsible and authorized for following;

a. To establish, implement and maintain the processes of Quality Management System.
b. To report to top management on the performance of the Quality Management System and also on any need for Improvement.
c. To promote awareness of Customer requirements, throughout the Institute and
d. To liaison with external agencies on matters relating to Quality Management System, as deemed necessary.

Internal Communication;

5.5.3

Appropriate communication processes regarding Quality Management System & its effectiveness, are established, within the Institute. Management ensures communication takes place, regarding effectiveness of Quality Management System. Say:

- Improvement in performance
- Removal of nonconformity &
- Growth in business and on time delivery.

The Same is done through following means –

- Personnel Interaction
- Conducting meetings
- Display of information & notices on notice boards

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5.6 Management Review

5.6.1 General

Top Management reviews the implementation of Quality Management System, at six months time intervals to ensure its continuing suitability, adequacy and effectiveness. The review covers, opportunities for improvements and evaluation of the need for changes, to this system, Organization's Quality Policy and Quality objectives. For this purpose a Management Committee consisting of Director, M R, Registrar, Associate Professor, SBA Coordinator, and JSY Coordinator appointed.

Records from management review are maintained.

5.6.2 Review Inputs:

The inputs for the management review include the current performance and opportunities for improvements on the following:

- Follow up action from previous reviews,
- Review of Quality Policy & Objectives,
- Result of Audit reports,
- Customer feedback,
- Process performance and service conformity,
- Status of Preventive and Corrective Actions,
- Changes that could affect Quality Management System, say Technological upgradation, training needs, resources profile etc.
- Recommendation for improvement,
- Any other issue with the approval of Director.

5.6.3 Review outputs:

The outputs from the Management Reviews, include decisions and actions relating to:

a. Improvement of the effectiveness of the Quality Management System and it's processes.
b. Improvement of Service related to the customer requirements.
c. Resources requirements/needs.

The proceedings of the Management Review meetings are recorded in the form of Minutes and extracts circulated to concerned functionaries for action.

Supporting Documentation:

Minutes of Management review Meeting. (SIHFW/5/F2)

6.0 Resource Management:

6.1 Provision of resources:

The Institute is required to determine and provide in a timely manner, the resources needed;

a. to implement, maintain and continually improve the Quality Management System and continually improve it's effectiveness and
b. To enhance Customer satisfaction by meeting the customer requirements.

6.2 Human Resources:

6.2.1 General

The Management ensures that personnel performing work affecting education quality are competent and are suitably qualified on the basis of

a) Education,
b) Training,
c) Skill and
d) Experience.

6.2.2 Competence, Training and Awareness

The Institute takes action to;

a. Determine the necessary competence for particular Subject/ job/function
b. Where applicable provide training or take other action to achieve necessary competence.
c. Evaluate the effectiveness of the training provided.
d. Ensure that its employees are aware of the relevance and importance of their activities and their contribution to achieve quality objectives.
e. Maintain appropriate personnel records of education, training, skills and experience.

Supporting Documentation:

1. Training Records
2. Competency Criteria

6.3 **Infrastructure**

The Institute also determines, provides and maintains the requisite infrastructure for maintaining quality in Education. Infrastructure includes:

a) Buildings, space and associated Utilities,
b) Fully equipped Lecture halls. Audio-Visual equipments & other Teaching Aids
(both hardware and software) and
c) Supporting services such as communication, Library, Cafeteria, First Aid etc.

Work Environment

6.4 The Institute determines and manages the Education environment necessary for quality Education.

The work environment needs includes environment for participants and as well as teaching faculty and support staff.

The work environment includes:

a) Ergonomically designed seating arrangements
b) Audio- visual system
c) Computer aided multimedia arrangements
d) Security of participants
e) Teaching Tools
f) Hygiene & Safety
g) Housekeeping

<u>Supporting Documentation</u>:

1. Work Instruction for Safety.

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7.1 Planning Of Education Realization:

Service realization is the sequence of processes and sub-processes required for achieving the service and that is achieved through planning & developing. Planning of service realization is consistent with the requirements of other processes of the QMS. The organization prepares Quality Plans that describe how the processes of quality management system are applied.

In planning for service realization, the organization determines the following:

a) Quality objectives/and requirements for the service,
b) The need to establish processes and documents and to provide resources specific to the service,
c) Required verification, validation, monitoring, measurement, inspection and test activities, specific to the service and the criteria for service acceptance,
d) The records needed to provide evidence that the realization of the processes and conformance of the resulting service, fulfils requirements,

The output of this planning is in a suitable form or consistent with organization's method of operation.

The Organization determines service realization processes & acceptance criteria, through Quality Plans, of QMS for specific service.

7.2 Customer Related Processes

7.2. Determination of requirement related to Education Service

1 The Institute determines the customer requirements, which includes the following;

a. Requirements specified by the customer, including the requirements for delivery and post delivery activities.
b. Service requirements necessary for intended or specified use, which are not specified by the customer.
c. Regulatory and statutory requirements applicable to the service.
d. Additional requirements, considered necessary by the Organization related to the service.

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7. 2.2 Review of Requirements related to Education Service

The Institute reviews, the identified customer requirements related to Service, together with additional requirements as determined.
Formal review for the requirement of each participant is not done but after review of the requirement of students, institute publish brochure giving details of the courses offered and personality development activities conducted by the institute. These brochures are furnished to the prospective customer.

It is ensured that, wherever Service requirements are changed, the relevant documents are amended and the concerned persons are made aware of the changed requirements.
Such reviews are relevant in the case of Service information catalogues, brochures, advertisements etc.

7.2.3 Customer Communication

The Institute determine and implements, effective arrangements for communicating customer in relation to

a. Information through Advertisement, brochures and website
b. Customer feedback including Customer complaints.

7.3 Design and Development: Excluded as justification given in scope.

7.4 Purchasing:

7.4.1 Purchasing Process:

The Institute controls its purchasing processes to ensure that purchased product conform to specified purchase requirements.
The Institute evaluates and selects suppliers based on their ability to supply product in accordance with Institute's requirement. Criteria for selection, evaluation and re-evaluation of suppliers are established as follows:.

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Suppliers are selected based on sample approval or past experience with them. Suppliers are evaluated for each supply for quality as defined below
If quality of the material is OK- rate the supply as GOOD, If partial OK/ deviates from requirement- rate the supply as AVERAGE, If supply rejects/ Not OK - rate the supply as POOR.
All suppliers are re-evaluated at the end of financial year for his performance during the year as defined below:

80% times rated "Good	A Grade	Keep supplier's name in approved supplier list
50-80% times Rated 'Good"	B Grade	Ask the supplier to improve
Below 50% times rated "Good	C Grade	Delete supplier's name from approved suppliers list

Record of evaluation & re-evaluation are maintained.

7.4.2

Purchasing Information:

Purchasing documents contains information describing the product/Service to be purchased including, as appropriate, the following:

a. Product specifications
b. Requirement for approval of product/Service.
c. Requirement for Qualification of personnel
d. Quality management system requirements

7.4.3 The Institute ensures the adequacy of specified purchase requirements contained in the purchasing documents, prior to their communication to the supplier.

Verification of Purchased Service:

The Institute establishes and implements, inspection or other verification activities necessary for insuring that purchased product/service meets specified purchased requirement.

<u>Supporting Documentation</u>:

1.Supplier's Evaluation Data Sheet (SIHFW/7/F)

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7.5 Service Provision:

7.5.1 Control of Service provision:

The Institute plans and controls all Education / Training processes under controlled conditions including:

a. Availability of all information related to the course curriculum & evaluation process.
b. Availability of Books, Reading material, Teaching Aids and work instructions as required in Lecture hall and Library.
c. Using and maintaining equipment/ Infrastructure, Supporting Services instrument and facilities.

7.5.2 Validation of processes for Service Provision:

Qualification, Training and/or experience of faculty and review of class Exercise Results validate the Training process.

Record of Validation is maintained.

Identification and Traceability:

7.5.3 In the Institute, Traceability of students is maintained through their name and type of course.

Customer Property:

The Institute protects and safeguards the participants by the moment participant
7.5.4 enter the premises of the Institute up to the time they leave the premises.

In case the participant gets injured during the period he/ she is within the Institute premises, the institute ensures adequate First- Aid and informs to their organisation immediately.

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7.5.5 **Preservation of Service:**

Excluded as defined earlier under scope.

7.6 **Control of monitoring and measuring devices:**

Excluded as defined earlier under scope.

8.0 Measurement, Analysis and Improvement:

8.1 General:

The Institute does plan and implement the monitoring, measurement, analysis and improvement processes needed:

a) to demonstrate conformity of desired result.
b) to ensure conformity of Quality Management System
c) To continually improve the effectiveness of the Quality Management System.

Monitoring and Measurement:

8.2

Customer Satisfaction:

8.2.1 The Institute takes the feedback from participants regarding their satisfaction during Training session. The Institute does monitor the these information relating to customer perception as to whether the Organisation has met customer requirement.

Internal Audit:

8.2.2 The Institute conducts periodic planned internal audits to determine whether the quality management system:

a. Conforms to planned arrangement of the requirements of the International Standard and to the Quality Management System established by the Institute and
b. is effectively implemented and maintained

The Institute plans the audit program taking into consideration, the status and importance of the processes and areas to be audited, as well as the results of the previous audits. The audit criteria, scope, frequency and methods are defined. Selection of auditors and conduct of audits to bring about objectivity and impartiality of the audit process. Auditors do not audit their own work.

A documented procedure specifying the responsibilities and requirements for planning and conducting audits, and for reporting results and establishing records are defined in documented procedures.

Records of the audits and their results are maintained as per procedure.

Management takes timely corrective actions on deficiencies found and eliminate non-conformities and their causes detected, during the audit without undue delay.

Follow up activities includes the verification of the implementation of corrective actions, and reporting of verification results.

Supporting Documentation

QPR 8.1 Internal Audit Procedure

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8.2.3 **Monitoring and Measurement of Processes:**

The Institute applies suitable methods for monitoring & where applicable measurement of QMS processes. These methods to demonstrate their ability to achieve planned results. When planned results are not achieved, appropriate correction & corrective action are taken to ensure conformity of the product. Suitable methods consider the type and extent of monitoring or measurement appropriate to each of its process in relation to their impact on the conformity to product requirement and on the effectiveness of QMS.

.

8.2.4 **Monitoring and Measurement of Education:**

The Institute monitors and measure the Training through planned class exams and Final examinations, to verify that the participants have achieved the planned targets (result).

Record of Marks achieved is maintained.

Correction and corrective action are taken when planned results are not achieved.

8.3 **Control of Non-Conforming Service:**

A documented procedure has been established for control of non-conforming product i.e. unsuccessful students

In case of non-conformity, the Institute takes necessary actions as per procedure to eliminate the non-conformity.

Records of nature of non-conformities and subsequent action taken are maintained.

Supporting Documentation

1. QPR 8.2 Procedure for Control of NC Services.

8.4 **Analysis of data:**

The Institute collects and analyzes data to determine the suitability and effectiveness of the Quality Management System and to evaluate where continual improvements of the Quality Management System can be made. The Institute analyses data given below:

a. Customer satisfaction/feedback data,
b. Conformity to service requirements,(8.2.4)
c. Trend/behavior of result.
d. Suppliers evaluation data

8.5 **Improvements:**

8.5.1 **Continual Improvement:**

The Institute plans and manages the processes necessary for the continual improvement of the effectiveness of Quality Management System and facilitates the continual improvement of Quality Management System through the use of Quality Policy, Quality Objectives, Audit results, Analysis of data, corrective and preventive actions and Management Review

8.5.2 **Corrective Action:**

The Institute takes actions to eliminate the cause of non-conformity in order to prevent recurrence. Corrective actions are appropriate to the effect of non-conformities encountered

The documented procedure for corrective action established for:

a. Reviewing Non-conformities (including customer complaints)
b. Determining the causes of non-conformities,
c. Evaluating the need for action to ensure that nonconformities do not recur,
d. Determining and implementing the action needed,
e. Records of the results of action taken,
f. Reviewing the effectiveness of the Corrective action taken,

Supporting Documentation;

1. QPR 8.3 Corrective Action Procedure

8.5.3 **Preventive Action:**

The Institute determines action to eliminate the causes of potential non-conformities in order to prevent their occurrence. Preventive action taken are appropriate to the effect of the potential problems

The documented procedure for preventive action established to defines requirements for:

a. Determining potential non-conformities and their causes
b. Evaluating the need for action, to prevent occurrence of nonconformities
c. Determining and implementing action needed.
d. Recording results of action taken
e. Reviewing the effectiveness of the preventive action taken.

Supporting Documentation

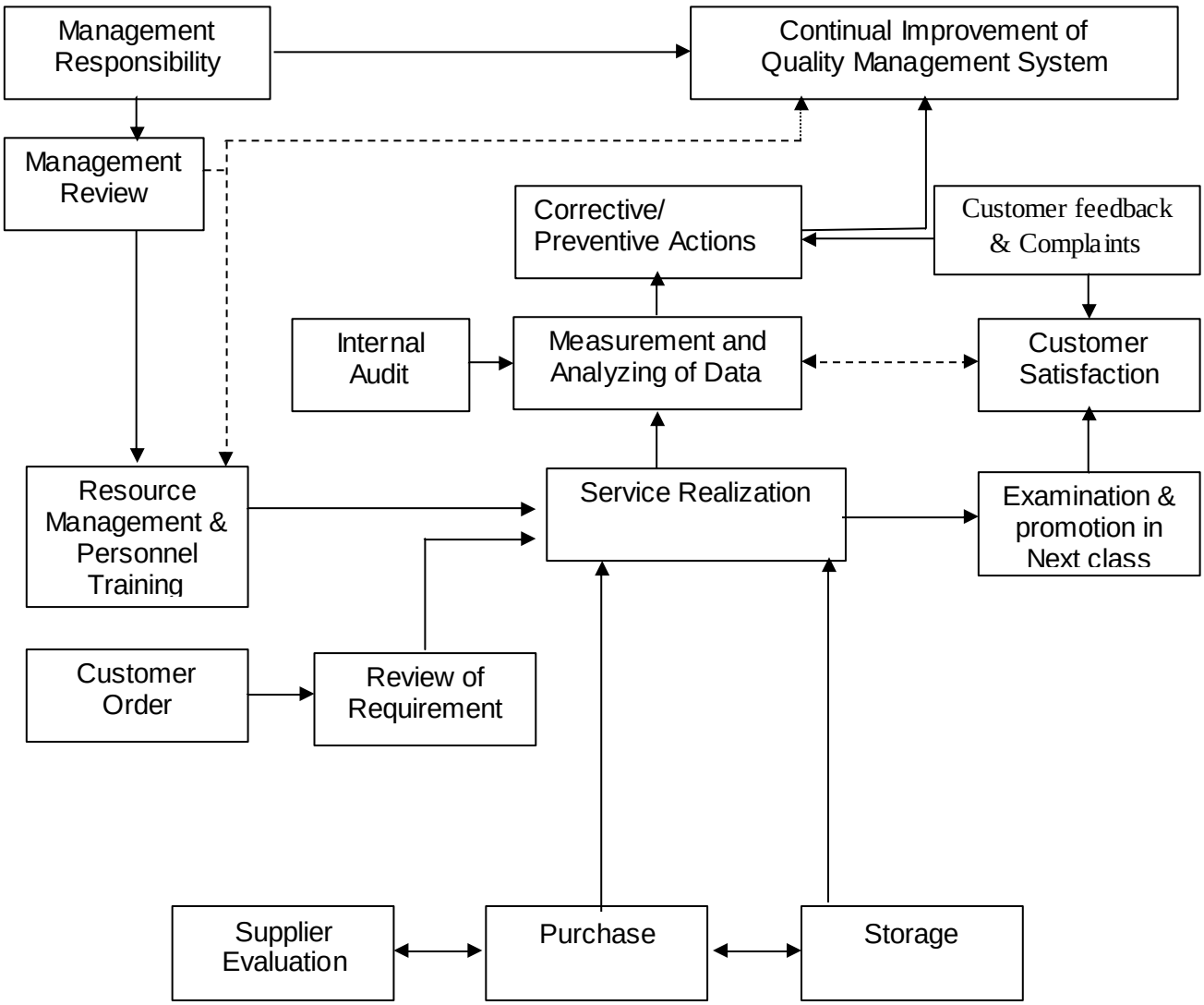
1. QPR 8.4 Preventive Action Procedure

Approved By
Director

Issued By
Management Representative

State Institute of Health & Family Welfare Jaipur	Quality Manual Quality Management System	Doc No. SIHFW/QM/01 Issue No. : 01 Page No. 32 Rev. No. : 0 Eff. Date : 01-06-2009 Annex D | Page: 1 of 1

Sequence and Interaction



Approved By
Director

Issued By
Management Representative

State Institute of Health & Family Welfare Jaipur	Quality Manual **List Of Procedures**	Doc No. SIHFW/QM/01	
		Issue No. : 01 Page No. 33	
		Rev. No. : 0	
		Eff. Date : 01-06-2009	
		Annex E	Page 1 of 1

Procedure No.	Title	No. Of Pages	Rev.
Mandatory Procedures:			
QP 4.1	Procedure for Control of Document	2	0
QP 4.2	Procedure for Control of Records	2	0
QP 8.1	Procedure for Internal Audit	2	0
QP 8.2	Procedure for Control of Non-conforming Tests	1	0
QP 8.3	Procedure for Corrective Actions	1	0
QP 8.4	Procedure for Preventive Actions	1	0
Other Procedures			
QPR 5.1	Procedure for management review meeting	2	0

Approved By
Director

Issued By
Management Representative

Master list

ISO 9001-2008

State Institute of Health & Family Welfare Jaipur,
South of Doordarshan Kendra,
Jhalana Institutional Area, Jaipur-302004
PH-0141 2701938, 2706496
Email-sihfwraj@yahoo.co.in
Website:- www.sihfwrajasthan.com

STATE INSTITUTE OF HEALTH & FAMILY WELFARE JAIPUR	LIST OF MASTER LIST	Format No.: SIHFW/ML/AA Revision No. 0

S. No.	Title	Document No.	Revision No.	Remarks
1.	Master List of Personnel	SIHFW/ML/01	00	
2.	Master List of Records	SIHFW/ML/02	00	
3.	Master List of Documents	SIHFW/ML/03	00	
4.	Master List of Supporting Services	SIHFW/ML/04	00	
5.	Master List of Qualified Auditors	SIHFW/ML/05	00	
6.	Master List of Machines	SIHFW/ML/06	00	

DATE:

SIGNATURE OF MANAGEMENT REPRESENTATIVE

STATE INSTITUTE OF HEALTH & FAMILY WELFARE JAIPUR	MASTER LIST OF PERSONNEL	Format No.: SIHFW/ML/01 Revision No. 01

S. No.	Name	Designation	Educational Qualification	Total Experience	Training Taken
1	Prof. Akhilesh Bhargava	Director	MD., DHA, PGDHRM		
2	Dr. S. S. Yadav	Registrar	MS		
3	Dr. Vishal Singh	Associate Professor	Ph.D, MA		
4	Ms. Mamta Chouhan	Associate Professor	Ph.D, M.Phil, MBA		
5	Ms. Nishanka Chauhan	SBA Coordinator	MA		
6	Ms. Kanwaljeet Virdi	JYS Coordinator	MPhil		
7	Dr. Vikas Bansal	Sr. Research Officer (PH)	MBBS, MPH		
8	Ms. Deepika Yadav	Sr. Research Officer (Mg.)	PGDHM (IIHMR)		
9	Ms. Neelam Singh	Research Officer (Nutrition)	M.Sc., HS		
10	Ms. Divya Seth	Research Officer (Nutrition)	M.Sc., HS		
11	Ms. Priyanka Sharma	Research Officer (IT)	MCA		
12	Mr. Vikas Kr. Bhardwaj	Research Officer (IT)	BE (IT), MBA		
13	Ms. Ajappa Bhardwaj	Research Officer (Mg.)	MBA		
14	Ms. Richa Chabra	Research Officer (Mg.)	MBA		
15	Mr. Sarvesh Kumar	Research Officer (Statistics)	M.Sc. (Statistics)		
16	Ms. Priyanka Bhatt	Research Officer (Statistics)	M. Sc. (Statistics)		

State Institute Of Health & Family Welfare Jaipur	Master list of Quality Records	Format No.: SIHFW/ML/02 Revision no: 00 Eff. Date: 01-06-2009 Page 1 of 1

ISO Clause	List of Records	Format No.	Rev. No.	Eff. Date.	Retention Period
4	Document issue Records	SIHFW/4/F1	00	01-06-2009	3Years
	Distribution of Documents	SIHFW/4/F2	00	01-06-2009	1Years
	Document Change Request	SIHFW/4/F3	00	01-06-2009	3Years
5	Quality Objectives Monitoring	SIHFW/5/F1	00	01-06-2009	3Years
	Management Review Records	SIHFW/5/F2	00	01-06-2009	3Years
6	Personnel Competence Records	SIHFW/6/F1	00	01-06-2009	1Years
	Competence Need assessment	SIHFW/6/F2	00	01-06-2009	1Years
	Training Records	SIHFW/6/F3	00	01-06-2009	3Years
	Training Effectiveness Assessment	SIHFW/6/F4	00	01-06-2009	3Years
7	Application for Training course (Registration)	SIHFW/7/F1	00	01-06-2009	3Years
	Participant attendance sheet	SIHFW/7/F2	00	01-06-2009	3Years
	Home assignment sheet	SIHFW/7/F3	00	01-06-2009	3Years
	Class assignment sheet	SIHFW/7/F4	00	01-06-2009	3Years
	Group activity sheet	SIHFW/7/F5	00	01-06-2009	3Years
	Staff appointment Letter	SIHFW/7/F6	00	01-06-2009	Till service
	Duty Joining Report	SIHFW/7/F7	00	01-06-2009	Till service
	Annual confidential Report of staff (Performance Evaluation)	SIHFW/7/F8	00	01-06-2009	Till service
	Staff Attendance Register	SIHFW/7/F9	00	01-06-2009	3Years
	Purchase Requisition slip	SIHFW/7/F10	00	01-06-2009	3Years
	Supplier Performance Evaluation Record	SIHFW/7/F11	00	01-06-2009	1Year
8	Customer Satisfaction Feed back Form	SIHFW/8/F1	00	01-06-2009	3 Years
	Yearly Audit Plan	SIHFW/8/F2	00	01-06-2009	1Years
	Non Conformance report	SIHFW/8/F3	00	01-06-2009	3Years
	Internal Audit schedule	SIHFW/8/F4	00	01-06-2009	3Years
	IA Check Sheet	SIHFW/8/F5	00	01-06-2009	3Years
	Audit Results	SIHFW/8/F6	00	01-06-2009	3Years
	Complaint/Suggestion Record	SIHFW/8/F7	00	01-06-2009	3Years
	Data Analysis	SIHFW/8/F8	00		
	Corrective Action Records	SIHFW/8/F9	00	01-06-2009	3Years
	Preventive Action Records	SIHFW/8/F10	00	01-06-2009	3Years

SIGNATURE OF MANAGEMENT REPRESENTATIVE

State Institute of Health & Family Welfare Jaipur	Master list documents	Format No. : SIHFW/ML/03 Revision No. 0

Document Name	**Document No.**	**Revision No.**	**Eff. Date**
Quality Manual Quality Policy Quality Objective Organisation Chart Responsibilities of Personnel	SIHFW/QM/01	00	01-06-2009
Procedure Manual Procedure for Control of Document	SIHFW/QP/4.1	00	01-06-2009
Procedure for Control of Records	SIHFW/QP/4.2	00	01-06-2009
Procedure for Internal Audit	SIHFW/QP/8.1	00	01-06-2009
Procedure for Control of Non-conforming Services	SIHFW/QP/8.2	00	01-06-2009
Procedure for Corrective Actions	SIHFW/QP/8.3	00	01-06-2009
Procedure for Preventive Actions	SIHFW/QP/8.4	00	01-06-2009
Procedure for Management review meeting	SIHFE/ QP/5.1	00	01-06-2009
External Origin Documents	--		

Date : 01-06-2009	SIGNATURE OF MANAGEMENT REPRESENTATIVE		

State Institute of Health & Family Welfare Jaipur		List of supporting services	Format No.:SIHFW/ML/04 Revision no : 00
S No.	Service	Name & Address	Phone No.
1	Directorate of Medical and Health Services		
2			
3			
4			
	Electricity	Jaipur Vidhyut Vitran Nigam Ltd. Jhalana Institutional Area., Jaipur	
	Fire brigade station	Fire brigade station Jhalana Institutional Area., Jaipur	101

	Police station	Police station Jhalana Institutional Area., Jaipur	100
	Hospital	SMS Hospital, jaipur	108

Date: 01-06-2009 SIGNATURE OF MANAGEMENT REPRESENTATIVE

State Institute of Health & Family Welfare Jaipur	Master list of qualified auditors	Format No. : SIHFW/ML/05 Revision No. 0
S. No	Name	Qualification
1.	R.R YADAV	B.E. (Mech.), PGDM, Lead Auditor

Date: - 01-06-2009		
PAGE 1 OF 1		SIGNATURE OF MANAGEMENT REPRESENTATIVE

State Institute of Health & Family Welfare Jaipur	Master list of machines		Format No.: SIHFW/ML/06 Revision No. 0
S. No.	Name of Equipments/Machineries	Total No.	Identification
1	CPU With Monitor	30	
2	Printer		
2	OH Projectors	02	
3	Laptops		
4	Scanner		
4	LCD projectors		
5	Projector Screens		
6	RO system		
7	Photo state Machine		
8	Resograph		
9	AC(split)		
10	AC (Window)		
11	Refrigerator		
12	Oil Condenser Heater		
13	Gyser		
14	TV		

15	DTC Cable		
16	PBX		
17	Fax Machine		
18	Refrigerator		
19			

PAGE 1 Of 1

Date: 01-06-2009 SIGNATURE OF MANAGEMENT REPRESENTATIVE

Doc.No.-	SIHFW/QP/01
Issue No.-	01, Dtd- 01-06-2009
Copy No.-	
Authorised Holder-	

Quality Procedures

ISO 9001: 2008

State Institute of Health & Family Welfare Jaipur,

South of Doordarshan Kendra,
Jhalana institutional area,
Jaipur-30204
PH-0141 2701938, 2706496

State Institute Of Health & Family Welfare Jaipur	Contents	Issue 01
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PROCEDURE NO.	TITLE	NO. of Pages	Rev No.
Mandatory Procedures:			
QPR 4.1	Procedure for Control of Document	2	00
QPR 4.2	Procedure for Control of Records	2	00
QPR 8.1	Procedure for Internal Audit	2	00
QPR 8.2	Procedure for Control of Non-conforming service	1	00
QPR 8.3	Procedure for Corrective Actions	2	00
QPR 8.4	Procedure for Preventive Actions	1	00
Other Procedure :			
QPR 5.1	Procedure for management review meeting	2	00

Approved By Director Issued By Mr.

State Institute Of Health & Family Welfare Jaipur	PROCEDURE	Issue 01
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	Doc No. : SIHFW/QP/4.1	Effec. Date : 01-06-2009
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CONTROL OF DOCUMENTS

1. PURPOSE:
   To describe the procedure for control of Documents.

2. SCOPE
   This quality system procedure applies to all documents, which relate to the quality system, including documents of external origin.

3. RESPONSIBILITY:
   Management Representative is responsible for implementation of this procedure.

4. PROCEDURE

4.1 Unique number is allotted to each document as per numbering plan given in Annex A.

4.2 All documents are reviewed for their adequacy & approved by authorized persons prior to use.

4.3 A master copy of each document is maintained and marking them as “Master copy” in Red.

4.4 A Master List of all Control documents showing latest issue no.,rev no. and date of Revision is maintained.

4.5 The documents are distributed to persons as decided by MR, after marking

them as "CONTROLLED COPY" in Red on each page of Document.

The legibility of document is ensured before distribution by MR.

The Signature of doc. holders is obtained in Doc. Issue register/ format.

4.6 In case of change needed in any document, following steps to be followed – Accept the change request in stipulated "Change Request Form".

- Obtain approval of changes, from Original approving authority of document.

In case changes are accepted by approving authority, amend the document by incorporating the changes. Escalate Rev. No. of amended doc. by 01.

Approved By Director Issued By Mr.

CONTROL OF DOCUMENTS

4.7 Revised copy of the document is issued to authorized holders and their signatures are taken in doc. issue Format.

4.8 Master copy of obsolete document is maintained for next two year after Stamping it "OBSOLETE" in Red. All other obsolete copy of documents are destroyed by tearing off.

4.9 Documents maintained in computer are protected from unauthorized change by password facility. No change in document is allowed in any computer unless it is approved by MR. As a security measure, back-up of documents and data is taken on monthly/yearly basis, depending upon necessity.

4.10 External Origin Documents are identified by their Original Name and Number and controlled through Issue record. These are maintained and updated by liaison with concerned bodies/departments.

Annexure- A

Doc Level	Document type	Numbering Plan	Approved by	Issued by
1	Quality Manual	SIHFW/QM/xx	Director	MR
2	Quality Procedures.	SIHFW/QP/ISO Clause. xx	Director	MR
3	Work Instructions	SIHFW/WI/xx	Director/ Registrar	MR
4	External Origin Doc.	Original No.		MR
5	Records/Formats	SIHFW/ ISO Clause/Fxx	HOD/ MR	MR

xx : Serial No of the Doc.

5. RECORD:

1. Document Distribution Record
2. Doc. Change Request
3. Master List of Document

APPROVED BY DIRECTOR ISSUED BY MR.

State Institute Of Health & Family Welfare Jaipur	PROCEDURE	Issue 01
		Rev. 00
	Doc No. : SIHFW/QP/4.2	Effec. Date: 01-06-2009
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CONTROL OF QUALITY RECORDS

1. PURPOSE
To describe the Procedure for control of Records.

2 SCOPE
This Quality Management system procedure applies to quality records generated by the Institute

3. RESPONSIBILITY:
Management Representative & section Heads are responsible for implementation of this procedure.

4. PROCEDURE:

4.1 All records that support the Quality Management System are identified by their name and unique record number.

4.2 A Master List of quality Record is maintained by MR to control of these records for their retention period, location and the person responsible for their control and retention.

4.3 All Records generated in Institute are maintained by respective Heads/Section Incharges.

4.4 It is ensured by respective Heads/Section Incharge that all records are filled up legibly.

4.5 Quality Records are filed in the files properly (without damaging the paper) date wise in reverse date order or as appropriate for record holder.

4.6 Records are stored in suitably protected & secure facilities which are “termite, water and moisture” proof so as to:

- Be easily retrievable.
- Minimize deterioration
- Protected from damage.
- Prevent loss / unauthorized access or tempering such as alteration.

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CONTROL OF QUALITY RECORDS

4.8 All the quality records are retained for a period s defined in master list of quality records or till fulfillment of the contractual obligation/agreement, whichever is later.

4.9 Obsolete records, which need not to be retained after their retention period, are disposed off considering nature of the record and after seeking approval from Director.

4.10 Quality records required to be retained for legal/knowledge preservation for a period more than the defined retention period, are identified as ‘OLD DOCUMENTS” in red ink and kept separately.

5. RECORD:

1.As per Master List of Record

Approved By Director Issued By Mr.

State Institute Of Health & Family Welfare Jaipur	PROCEDURE	Issue 01
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INTERNAL QUALITY AUDIT

1 PURPOSE:
To establish and maintain system for planning, scheduling, coordinating, reporting and follow up internal quality audits.

2 SCOPE:
This quality system procedure applies to all quality management system activities Of Institute to evaluate that the quality management system conforms to the quality management & ISO standards and that it is effectively implemented and maintained.

3. RESPONSIBILITY:
Management Representative is responsible for implementation of this procedure.

4. PROCEDURE:

4.1. An audit schedule/plan is prepared for entire calendar year.

All activities to be covered, at least once in every six month.

4.2. **Approval of audit schedule.**

To be updated as necessary based on maturity of the quality system, complexity of activity including consideration for importance of the processes, areas and results of previous audits.

4.3. **Planning and Preparation for Audits.**

- Auditors must be qualified and independent of activity being audited and ensure objectivity and impartiality during Audit.
- Where required, a subcontracted qualified auditor may conduct internal quality audit. Establish contract with an auditor who is qualified, and known for objectivity and impartiality.
- Plan audit dates, scope etc.

Approved By Director Issued By Mr.

INTERNAL QUALITY AUDIT

4.4. **Audit**

Auditor conducts audit and record findings with objective evidence, reference document and participating Auditee names on checklist.

Non-conformities are recorded on NC form and Auditee agreement is obtained. NCs which indicate significant inadequacy of a procedure or inadequate implementation of a procedure shall classified as major . NCs of insignificant or isolated lapse/need to be further investigated shall be treated as minor.

4.5. **Corrective/Preventive Action**

Auditee records proposed corrective / preventive action on NCs and expected date of completion.

Auditee carries out corrective/preventive action prior to specified dates.

4.6. **Follow up audit**

Auditor/MR shall assess the effectiveness of corrective/preventive action taken during follow up audit, including verification activity.

When corrective/Preventive actions are found effectively taken the auditor/MR shall close the NC.

4.7. **Summary of Audit**

On completion of Internal Audit, clause-wise and Department-wise analysis of NCs is prepared.

4.8. **Review of Audit Report**

All Audit findings shall be submitted to next Management review meeting.

5.0 RECORDS:

1. Annual Audit Plan
2. Audit Schedule
3. Non-conformance Report
4. Audit Summary

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State Institute Of Health & Family Welfare Jaipur	PROCEDURE	Issue 01
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CONTROL OF NON-CONFORMING PRODUCTS

1 PURPOSE:
To establish and maintain system to enable weak Participants to make progress towards their targets.

2 SCOPE:
This quality system procedure applies to all subjects.

3. RESPONSIBILITY:
Institute Principal is responsible for implementation of this procedure.

4 PROCEDURE:

4.1 Participant performance is evaluated by class Test and Examinations as per plan.

4.2 Following situations are considered as non-conformances:-

a) Participants who have not performed well in class test/Exam in one or more subjects or in non-scholastic activities.
b) Participants whose behavior is not good in class.

4.3 Participants who have not performed well in test / Exam are short-listed and subject Faculty determines their understanding difficulties.

4.4 Necessary actions are planned and Faculty is asked to hold remedial classes after the Institute hours, duration can be chosen as per requirement.

4.5 Participants are informed directly regarding the holding of the remedial classes before the Institute hours.

4.6 Subject Faculty solves the learning difficulty of the weak Participants and implement strategies and technique to enable Participants to make progress towards their targets.

4.7 Progress of the Participants is reviewed by subject Faculty time to time through subsequent Test/Exam.

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4.8 For problematic Participants or those Participants whose behavior is not proper, there name are informed to Director/ registrar. Efforts are made to find out the Root cause of their problem/behavior and accordingly actions are initiated. Counseling is preferred to improve such Participants and if necessary Institute they belong are informed to give the feedback about their participant.

4.9 Summary of subject wise and Faculty wise weak Participants and corrective action taken are submitted in Management Review Meeting for discussion.

5. RECORDS:

1 List of Weak/problematic Participants

2. Details of action taken to eliminate the non-conformities.

Approved By Director Issued By Mr.

State Institute Of Health & Family Welfare Jaipur	PROCEDURE	Issue 01
		Rev. 00
	Doc No.: SIHFW/QP /8.3	Effec. Date 01-06-2009
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Corrective action

1 PURPOSE
To establish and maintain an effective procedure, for taking appropriate corrective action on nonconformities.

2 SCOPE
This quality system procedure applies to all corrective actions taken by Institute, to avoid recurrence of detected non-conformities

3. RESPONSIBILITY:
Institute Principal is responsible for implementation of this procedure.

4. PROCEDURE

4.1 **COMPLAINTS:**

Complaints received from Participants by any means of communication are recorded in complaint Register kept at reception under the charge of MR.

4.2 The complaint is analysed by MR to identify the related person / function. Concerned person is called for discussion and identify the cause of complaint.

4.3 Necessary corrective action, person responsible for implementation and target date is decided with consent of Director.

4.4 The person responsible for its implementation initiates decided corrective action.

4.5 **WEAK PARTICIPANTS:**

For weak Participants, Necessary actions are planned and Faculty are asked to hold remedial classes after the Institute hours. Duration can be chosen as per requirement.

4.6 **PROBLEMATIC PARTICIPANTS:**

Problematic Participants are adopted by Faculty Aide.

4.7 Faculty Aide collects information from Institute they belong, subject Faculty & significant others about the Participants strengths, weaknesses, difficulties. Informs & discusses with Institute they belong (phone or email) and then makes the strategies to improve the behavior and academic performance of the Participant.

Approved By Director Issued By Mr.

Corrective action

4.8 **OTHER SOURCE:**

The following additional sources may reveal non-conformity needing corrective action.

- Internal Audit Report
- Output from management review and other meetings
- Suggestions received through suggestion Box.

- Result of self-assessment.
- Observation of non-conformity by Heads /Superiors

4.9 Cause of non-conformities is investigated & results are recorded.

4.10 Corrective action needed to eliminate the actual cause of non-conforming is determined, implemented and recorded.

4.11 Effectiveness of corrective taken is evaluated.

4.12 Summary of corrective action taken is presented in Management Review Meeting for further discussion.

5. RECORD:

1. Complaint Register
2. Corrective Action Record

Approved By Director Issued By Mr.

State Institute Of Health & Family Welfare Jaipur	PROCEDURE	Issue 01
		Rev. 00
	Doc No.: SIHFW/QP /8.4	Effec. Date 01-06-2009
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Preventive action

1. PURPOSE

   To establish and maintain, an effective procedure, for taking preventive actions to eliminate the causes, for potential non-conformity, in order to prevent their occurrence.

2. SCOPE

This quality system procedure applies to all preventive measures taken by Institute, to prevent Occurrence of potential non-conformities.

3. RESPONSIBILITY:
Institute Principal is responsible for implementation of this procedure.

4. PROCEDURE:

Activity

4.1 Preventive action is initiated for identified potential non-conformances on the basis of data collected from customer complaint and customer feedback, process identification, Data & trend analysis of Participant result and non-conformance etc.

4.2 Preventive action needed to eliminate the potential cause of non-conformity is determined by the Director / Registrar or planning committee.

The necessary preventive action is initiated by concerned person/department as per the recommendation of the committee.

4.3 Effectiveness of these actions is evaluated during internal quality.

4.4 MR ensures that relevant information on actions taken is submitted for management review.

5. RECORDS:
1. Preventive Action Report

Approved By Director Issued By Mr.

State Institute Of Health & Family Welfare Jaipur	Procedure For Management Review	Doc No. : SIHFW/QP /5.1
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1. Purpose
To establish and maintain the system of conducting regular reviews of the Institute's Quality Management System, to ensure, its continuing suitability, adequacy and effectiveness.

2. Scope

This procedure concerns the executive management for review and effectiveness of Quality Management Services including assessment of opportunities for improvement & Changes in Quality Policy and Quality Objective.

3. General

An opportunity for discussions and decisions on all-important matters related to quality.

The collective review and decision-making process helps to build a consensus for all quality-related issues and ensures Institute-wide commitment for quality improvement programs.

4. Procedure, responsibility and records

	Activity	Responsibility	Record
4.1	The Management Review meetings are held at least one's in every six month.	MR.	Record of meeting
4.2	The composition of the Management Committee for undertaking reviews is as under; (as required) • DIRECTORS • Management Representative • Registrar • Associate Professor • SBA Coordinator • JSY Coordinator	MR	
4.3	REVIEW INPUTS: Management review includes following Agenda: a. Action point pending from previous review. b. Customer feed-back &Satisfaction c. Internal Audit reports/ results. d. Customer satisfaction e. Percentage Failures f. Corrective and Preventive actions / status. g. Planned changes that could affect the Q.M.S. h. Resource requirements i. Recommendations for improvement.		

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	Registrar • Customer feedback including complaints • Issues related to changes in Quality Policy and Objectives. • Anticipated operational changes. • Training needs, Calendar & Implementation. • Competence related activities. Management representative • Customer complaints / feedbacks. • Previous Internal Audit reports/ results. • Effectiveness of Quality Management System & improvement if any. • Corrective and Preventive actions / status.	of data lies with MR	formats
4.4	Review output: The output of Management review includes following: a. Improvement of effectiveness of Quality Management Systems and its processes. b. Improvement in Training Standard c. Resource required.	MR	
4.5	Minutes of the meeting is prepared, identifying those responsible for taking agreed follow-up actions	MR	Minutes of MRM
4.6	Timely completion of all MRM recommendation and their effectiveness is verified.	MR	

Approved By Director Issued By Mr.